

2000 UNIFORM BUSINESS REPORT (UBR)

1063

DOCUMENT # P98000053962

1. Entity Name

ANGEL'S TOUCH SKIN CARE, INC.**FILED**

00 MAY 23 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1203 MICCOSUKEE RD
TALLAHASSEE FL 323081826 FERNANDO DRIVE
TALLAHASSEE FL 32303-5200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRISSOM, NANCY
1826 FERNANDO DRIVE
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GRISSOM, NANCY**
STREET ADDRESS **1826 FERNANDO DR**
CITY-ST-ZIP **TALLAHASSEE FL 32303**TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

Daytime Phone #

CR2E034 (9/99)

393

Name and title (Please type or print clearly.) ▶ Nancy E. Grossman

Signature ▶ Nancy E. Grossman Date ▶ 5-20-00

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 1501 SN

Form SS-4 (Rev. 2-98)



Page 2

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Page 1 Form SS-4 Application for Employer Identification Number

Form SS-4 (Rev. February 1998) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) ▶ Keep a copy for your records.	EIN OMB No. 1545-0043
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Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <u>Nancy E. Grissom</u>	
	2 Trade name of business (if different from name on line 1) <u>Angel's Touch Skincare Inc.</u>	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <u>1826 Fernando Drive</u>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <u>Tallahassee, Fla 32303</u>	5b City, state, and ZIP code
	6 County and state where principal business is located <u>Leon Florida</u>	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ <u>Nancy E. Grissom, Owner 264-065918</u>	

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ▶ <u>Service</u>
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ▶	

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MAY 23 2000

8b If a corporation, name the state or foreign country (if applicable) where incorporated <u>Florida</u>	State <u>Florida</u>	Foreign country
9 Reason for applying (Check only one box.) (see instructions)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>Skincare</u> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a pension plan (specify type) ▶		
<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Other (specify) ▶		

TALLAHASSEE, FL
DIRECTOR INT. REV.
JACKSONVILLE DIST.

10 Date business started or acquired (month, day, year) (see instructions) <u>2-00</u>	11 Closing month of accounting year (see instructions) <u>12-31-00</u>
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ <u>N/A</u>	

13 Highest number of employees expected in the next 12 months. Notes: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural <u>0</u>	Agricultural	Household
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14 Principal activity (see instructions) ▶ <u>Providing Skincare</u>	
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

16 To whom are most of the products or services sold? Please check one box. <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ <u>Nancy E. Grissom</u> Trade name ▶ <u>Nancy E. Grissom Inc.</u>

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed	Previous EIN
<u>Tallahassee, Florida</u>	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete	Business telephone number (include area code)